

PERSONAL EXPLANATION

HON. MIKE COFFMAN

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 12, 2009

Mr. COFFMAN. Madam Speaker, on rollcall No. 100 I was not recorded because I was absent so that I might testify at a public hearing before the Colorado Ethics Commission. Had I been present, I would have voted "no."

On rollcall No. 101 I was not recorded because I was absent so that I might testify at a public hearing before the Colorado Ethics Commission. Had I been present, I would have voted "yes."

On rollcall no. 102 I was not recorded because I was absent so that I might testify at a public hearing before the Colorado Ethics Commission. Had I been present, I would have voted "yes."

On rollcall no. 103 I was not recorded because I was absent so that I might testify at a public hearing before the Colorado Ethics Commission. Had I been present, I would have voted "yes."

On rollcall no. 104 I was not recorded because I was absent so that I might testify at a public hearing before the Colorado Ethics Commission. Had I been present, I would have voted "no."

On rollcall no. 105 I was not recorded because I was absent so that I might testify at a public hearing before the Colorado Ethics Commission. Had I been present, I would have voted "no."

On rollcall no. 106 I was not recorded because I was absent so that I might testify at a public hearing before the Colorado Ethics Commission. Had I been present, I would have voted "yes."

On rollcall no. 107 I was not recorded because I was absent so that I might testify at a public hearing before the Colorado Ethics Commission. Had I been present, I would have voted "no."

On rollcall no. 108 I was not recorded because I was absent so that I might testify at a public hearing before the Colorado Ethics Commission. Had I been present, I would have voted "yes."

On rollcall no. 109 I was not recorded because I was absent so that I might testify at a public hearing before the Colorado Ethics Commission. Had I been present, I would have voted "yes."

RECOGNIZING WOMEN OF NORTHERN VIRGINIA IN HONOR OF WOMEN'S HISTORY MONTH

HON. GERALD E. CONNOLLY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 12, 2009

Mr. CONNOLLY of Virginia. Madam Speaker, I rise today to recognize Women's History Month by bringing my colleagues' attention to some of the remarkable women of the Eleventh Congressional District of the proud Commonwealth of Virginia. These women, like so many in our District and throughout this nation, worked tirelessly for their families and communities at great personal expense, and deserve recognition for their exceptional contributions to our region's more recent history.

One such example is that of Barbara Varon. A native of Germany, Varon immigrated to America as an adult and was devoted to her adopted land. As a world traveler who could speak several languages, she worked as a translator. Joining the Fairfax County General Registrar's Office, she was committed to a voter registration outreach program for high school students. Using her linguistic skills, she wrote brochures and designed pamphlets to inform the voting public. Her dedication led her to the position of chairman of the Fairfax County Electoral Board, a position in which she faithfully continued to serve her goal of seeing every citizen involved in the electoral process. Varon also donated her time to many volunteer organizations and frequently made generous anonymous donations to those in need. Varon fought valiantly for the rights and privileges of all residents to participate in the electoral process, and today, an award is granted annually in her name to a Fairfax County resident whose dedication to improving the community through volunteer service honors her memory.

Phyllis Campbell Newsome, another exemplary woman from Virginia's Eleventh District, devoted her life to bringing together nonprofit organizations in the Greater Washington area. As the Center for Nonprofit Advancement's Director of Advocacy and Community Relations, Newsome understood the power and strength of coalitions. It was frequently the power of her persuasion that brought together those with the strongest of convictions and convinced them to put aside differences, enabling a powerful nonprofit community bent on positive change. Additionally, she was a consistent and reliable source for the media and other community leaders who needed to know how the nonprofit community would be affected by anything from a hot button issue to a broad policy change. Often quoting Tip O'Neill's, "All politics are local," she felt she could be most effective helping those she especially cared about — the poor and underserved communities—by working with local elected officials rather than at the state or even federal levels. A true community advocate, Phyllis Newsome is also memorialized by an annual award that is granted to an outstanding group of public servants for their dedication to the region's nonprofit community.

While neither of these outstanding women are with us today, their legacy lives on through the recognition of the ongoing contributions of the noble men and women of our District that occur annually in their name. The arrival of Women's History Month serves to remind us that we are fortunate to have such a legacy of service in our rich historical tapestry. I ask that my colleagues join me in applauding the contributions of Barbara Varon, Phyllis Campbell Newsome, and the women of the Eleventh Congressional District of the Commonwealth of Virginia, past and present, in honor of Women's History Month.

INTRODUCING THE QUALITY HEALTH CARE COALITION ACT

HON. RON PAUL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 12, 2009

Mr. PAUL. Madam Speaker, I am pleased to introduce the Quality Health Care Coalition Act

which takes a first step towards restoring a true free market in health care by restoring the rights of freedom of contract and association to health care professionals. For over a decade, we have had much debate in Congress about the difficulties medical professionals and patients are having with Health Maintenance Organizations (HMOs). HMOs are devices used by insurance industries to ration health care. While it is politically popular for members of Congress to bash the HMOs and the insurance industry, the growth of the HMOs are rooted in past government interventions in the health care market through the tax code, the Employment Retirement Security Act (ERSIA), and the federal anti-trust laws. These interventions took control of the health care dollar away from individual patients and providers, thus making it inevitable that something like the HMOs would emerge as a means to control costs.

Many of my well-meaning colleagues would deal with the problems created by the HMOs by expanding the federal government's control over the health care market. These interventions will inevitably drive up the cost of health care and further erode the ability of patents and providers to determine the best health treatments free of government and third-party interference. In contrast, the Quality Health Care Coalition Act addresses the problems associated with HMOs by restoring medical professionals' freedom to form voluntary organizations for the purpose of negotiating contracts with an HMO or an insurance company.

As an OB-GYN who spent over 30 years practicing medicine, I am well aware of how young physicians coming out of medical school feel compelled to sign contracts with HMOs that may contain clauses that compromise their professional integrity. For example, many physicians are contractually forbidden from discussing all available treatment options with their patients because the HMO gatekeeper has deemed certain treatment options too expensive. In my own practice, I tried hard not to sign contracts with any health insurance company that infringed on my ability to practice medicine in the best interests of my patients and I always counseled my professional colleagues to do the same. Unfortunately, because of the dominance of the HMO in today's health care market, many health care professionals cannot sustain a medical practice unless they agree to conform their practice to the dictates of some HMO.

One way health care professionals could counter the power of the HMOs would be to form a voluntary association for the purpose of negotiating with an HMO or an insurance company. However, health care professionals who attempt to form such a group run the risk of persecution under federal anti-trust laws. This not only reduces the ability of health care professionals to negotiate with HMOs on a level playing field, but also constitutes an unconstitutional violation of medical professionals' freedom of contract and association.

Under the United States Constitution, the federal government has no authority to interfere with the private contracts of American citizens. Furthermore, the prohibitions on contracting contained in the Sherman antitrust laws are based on a flawed economic theory which holds that federal regulators can improve upon market outcomes by restricting the rights of certain market participants deemed too powerful by the government. In fact, anti-